

SEP 16 2004

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

29159 7590 06/17/2004

BELL, BOYD & LLOYD LLC  
 P. O. BOX 1135  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,102	09/26/2001	Anthony J. Baerlocher	0112300-739	3016

TITLE OF INVENTION: GAMING DEVICE WITH WILD ACTIVATION SYMBOLS AND WILD TERMINATION SYMBOLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, BINH AN DUC	3713	273-138200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BELL, BOYD & LLOYD LLC

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IGT

Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Alan H. Inigo*

9/14/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/16/2004 CNGUYEN1 00000041 09964102

01 FC:1501

1330.00 OP

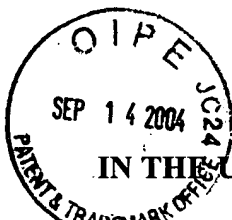
02 FC:1504

300.00 OP

03 FC:0001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Anthony J. Baerlocher, et al.  
Appl. No.: 09/964,102  
Filed: September 26, 2001  
Title: GAMING DEVICE WITH WILD ACTIVATION SYMBOLS AND WILD  
TERMINATION SYMBOLS  
Art Unit: 3713  
Examiner: Binh An Duc Nguyen  
Docket No.: 0112300-0739

Mail Stop Issue Fee  
Commissioner for Patents  
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**CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10**

Sir:

I hereby certify that the following documents relating to the above-identified application:

1. Transmittal of Payment of Issue Fee in duplicate;
2. Part B – Fee(s) Transmittal in duplicate;
3. A check in the amount of \$1660.00;
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on September 14, 2004.

Respectfully submitted,

BELL, BOYD & LLOYD LLC

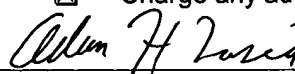
Renee M. Street

Name of Person Mailing Correspondence

Signature

EV511587492US)

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<b>TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)</b> <b>(37 C.F.R. 1.311)</b>				Docket No. 0112300-0739	
Applicant(s): Anthony J. Baerlocher et al.					
Application No.	Filing Date	Customer No.	Group Art Unit	Confirmation No.	
09/964,102	September 26, 2001	Binh An Duc Nguyen	29159	3713	3016
Invention: <b>GAMING DEVICE WITH WILD ACTIVATION SYMBOLS AND WILD TERMINATION SYMBOLS</b>					
<u>Mail Stop Issue Fee</u> <b>COMMISSIONER FOR PATENTS</b> <u>P.O. Box 1450</u> <u>Alexandria, VA 22313-1450</u>					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>					
<input checked="" type="checkbox"/> A check in the amount of <u>\$1,660.00</u> is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-1818</u> as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
 <i>Signature</i> Adam H. Masia, Reg. No. 35,602 BELL, BOYD & LLOYD, LLC P.O. Box 1135 Chicago, Illinois 60690-1135 (312) 807-4284			Dated: September 14, 2004		
CC:					
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